

Dear Customer:

Thank you for inquiring about applying to be eligible for

The Santa Fe Ride Program, "ADA Paratransit" service.

Enclosed is a copy of an "ADA Paratransit Application Form." ***Please read this and the enclosed material carefully before completing the application.***

"ADA Paratransit" service is van and shared-ride sedan service that Santa Fe Trails provides to individuals who, because of a **disability**, are ***prevented from using our standard bus service. This might include not being able to get to or from bus stops, not being able to get on or off buses, or not being able to understand how to ride and use the bus system.***

***Santa Fe Trails will provide van or shared-ride sedan service to persons determined "ADA Paratransit Eligible" for those trips that cannot be made using the City bus service. You may, for example, be able to use City bus service for some trips if stops are nearby and there are no barriers, which prevent you from getting to and from the bus. At other times, you might not be able to get to and use the buses. ADA paratransit van/sedan service is meant to assist you at these times.***

***There are two types of ADA paratransit eligibility. These are:***

***Unconditional - this eligibility is granted if your disability prevents you from using City bus service for any trips that you might need to make.***

***Conditional - This eligibility is granted if you can use buses under certain circumstances, but need van/shared-ride sedan service for certain trips.***

To enable us to accurately determine your eligibility for this service, please fill out the enclosed application ***as completely and thoroughly as possible.*** The questions are meant to determine the specific limitations you have in using city bus service. They are also meant to determine ***when and under what circumstances you can use city buses or when van/shared-ride sedan service is required.***

After you have completed Parts 1-12 on Certification of ADA Paratransit Eligibility, please have a licensed physician; licensed health care professional or rehabilitation professional completes 1-6 in the last page. It is important that all sections of the application form are completed. ***If any sections are left blank, the form will not be processed.*** Information about your disability, which you provide in the application, will be kept strictly confidential.

If you need assistance in completing the form, or have questions about ADA service and eligibility, please feel free to call our office at: **(505) 955-2030 VOICE (505) 955-2022 TTY (505) 955-2020 FAX**

Complete applications will be processed within 21 days of receipt. You will be contacted by phone of your eligibility for ADA service. If you have not heard from us in 21 days, please call us at the phone number provided. Please note that in some instances, we may not be able to determine your eligibility without further information. In this case, you will be notified by phone to provide us with more information describing your disability or we may schedule an in-person assessment with our office to allow us to better understand your disability and transportation needs.

If you are determined to be eligible for ADA service (either unconditionally or conditionally), we will arrange a time for a photo to be taken and an overview of how Santa Fe Ride works. You're "ADA Paratransit ID Card" and a "Paratransit Handbook", which provides information about the service and how to use it, will be mailed to you.

If it is determined that you are able to use City bus service and therefore are not eligible for van/sedan service, we will notify you in writing of the exact reason for this determination. An opportunity to appeal this decision in person will also be provided, please read the appeals process on the next page.

In Compliance with the Americans with Disabilities Act of 1990 (ADA), Santa Fe Trails provides "Paratransit" (i.e, van/shared-ride sedan) service to anyone with a disability who cannot use standard transit buses and who is traveling in an area not served by buses. This van/shared-ride sedan service is intended only for those trips that the person cannot make on the bus system. This application form is intended to determine when and under what circumstances the applicant can use city buses and when van/shared-ride sedan service is required.

*Sincerely,*

***Sandra M. Sanchez  
Project Specialist  
Santa Fe Ride Program  
Administrator***

## *Santa Fe Ride Appeals process*

### *Eligibility Appeals*

1. Santa Fe Ride Program applications are reviewed by the Transit Division's Project Specialist who manages the administrative functions of the Santa Fe Ride Program. This individual is responsible for making the initial determination of program eligibility. Applicants who are denied Santa Fe Ride program eligibility will receive a notification letter stating the reason for the denial.
2. The notification letter will be made available in an accessible format if requested by the applicant.
3. Those denied certification may appeal the suspension in writing and may request a hearing before the Transit Advisory Board's Paratransit Appeals Review Committee, a five member committee composed of three (3) members of the Transit Advisory Board and two (2) area health care providers. In order to hear and act on an appeal, three members of the five-member committee must be present.
4. If the Transit advisory Board's Paratransit Appeals Review Committee also denies the application, the applicant may request an independent assessment by a third-party medical provider under contract to the Transit Division. Following this assessment, the applicant may appeal the suspension in writing and may request a hearing before the Transit Advisory Board.
5. The Transit Advisory Board will make a final eligibility determination within 30 days of the initial appeal. If a final determination has not been made within 30 days, the applicant will be provided service on the 31<sup>st</sup> day until the appeals process is completed.
6. The initial appeal – a request for a meeting with the Transit Advisory Board's Paratransit Appeals Review Committee – must be made by contacting the Santa Fe Ride Program within 60-days of the denial notification. Persons who are denied certification and lose their appeal, or choose not to appeal, must wait at least six-months to re-apply. If the applicant's mobility impairment changes substantially, the Transit Division Director may grant a waiver of the six-month waiting period.

### *Suspension Appeals*

1. Any person who is suspended from participation in the Santa Fe Ride Program because of non-compliance with Santa Fe Ride Program rules and regulations may appeal the suspension in writing and may request a hearing before the Transit Advisory Board's Appeals Review Committee. In order to hear and act on an appeal, three members of the five-member committee must be present.
2. If the Transit Advisory Board's Paratransit Appeals review Committee upholds the suspension the applicant may appeal the suspension in writing and may request a hearing before the Transit Advisory Board. The Transit Advisory Board Will make a final determination of the appeal.

*This Santa Fe Ride Appeals Process was approved by the Transit Advisory Board at its regularly scheduled monthly meeting on July 9, 2002; attested by Thomas Williams, Transit Director, July 10, 2002.*

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*Thomas Williams, Transit Director*

## CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be used by the City of Santa Fe for the provision of transportation services. Information will only be shared with other transit providers to facilitate travel in those areas. The information will not be provided to any other person/agency.

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_
4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Which of the following best describes your disability?  
  
☐ a. The condition I have prevents me from using the fixed route system is permanent.  
  
☐ b. My condition is temporary and I should be able to use the regular fixed route system by \_\_\_\_\_ (date).  
  
☐ c. My condition is intermittent \_\_\_\_% of the time I will not be able to use the fixed route system.  
  
If you selected c. please explain your answer  
  
\_\_\_\_\_
6. How does this disability prevent you from using fixed route services? Please explain completely. Use an additional sheet if needed. \_\_\_\_\_  
\_\_\_\_\_
7. Are there any other effects of your disability of which we need to be aware? \_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE CITY OF SANTA FE.**

8. Do you use any of the following aids for mobility? (Check all that apply)  
☐ Manual Wheelchair      ☐ Electric Wheelchair  
☐ Cane      ☐ Walker  
☐ Powered scooter      ☐ Crutches  
☐ Personal care attendant      ☐ Guide Dog
9. Do you require a Personal Care Attendant when you travel using transit?  
  
Yes \_\_\_\_ No \_\_\_\_
10. Please answer the following questions:  
  
Can you travel one city block without the assistance of another person?  
Yes \_\_\_\_ No \_\_\_\_ Sometimes \_\_\_\_

Can you travel 5 city blocks without the assistance of another person?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Can you climb three 12-inch steps without assistance?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

Can you wait outside without support for ten minutes?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

11. I hereby certify that the information given above is correct.

Signed \_\_\_\_\_ Date \_\_/\_\_/\_\_

12. If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_/\_\_/\_\_

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In order to allow the City of Santa Fe to evaluate your request, it may be necessary to contact the physician or other licensed professional, to confirm the information they will provide when you submit the following page. **"Request for Professional Verification"**. Please send complete applications only, incomplete applications will not be processed.

The following: (check one)

Physician \_\_\_ Health Care Professional \_\_\_

Rehabilitation Professional \_\_\_

Is familiar with my disability and is authorized to complete the professional verification form of the City of Santa Fe required to complete this certification process.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_/\_\_/\_\_

(Applicant name)

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**RETURN FORM TO: TRANSIT SERVICES**

**P. O. Box 909**

**Santa Fe, NM 87504-0909**

**NOTE: QUESTIONS #3 AND #6 MUST BE COMPLETE TO PROCESS THE APPLICATION.**

**REQUEST FOR PROFESSIONAL VERIFICATION**

Dear \_\_\_\_\_:

**(Physicians name)**

The attached authorization form has been submitted by

Who has indicated that you can provide information regarding his/her disability and its impact upon his/her ability to utilize our transit services. Federal law requires that the City of Santa Fe provide paratransit services to persons who cannot utilize available bus services. The information you provide will allow us to make an appropriate evaluation of this request and its application to specific trip requests. Thank you for your cooperation in this matter. If you have any questions call 955-2030.

1. Capacity in which you know the applicant:

2. Which of the following best describes your client's (patient's) disability?

☐ a. The condition is permanent.

☐ b. The condition is temporary and he/she should be able to use the regular fixed route system by \_\_\_\_\_ (date).

☐ c. The condition is intermittent \_\_\_\_% of the time he/she will not be able to use the fixed route system.

If you selected c. please explain you answer \_\_\_\_\_

\_\_\_\_\_

3. If the person has a disability affecting mobility, is the person:

Able to walk one city block without the assistance of another person?

Yes ☐ No ☐ Sometimes ☐

Able to travel 5 city blocks without the assistance of another person?

Yes ☐ No ☐ Sometimes ☐

Able to climb three 12-inch steps without assistance?

Yes ☐ No ☐ Sometimes ☐

Able to wait outside without support for ten minutes?

Yes ☐ No ☐ Sometimes ☐

Does this person use any mobility aids? If so, what?

4. If the person has a visual impairment:

Visual Acuity with Best Correction:

Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Both eyes \_\_\_\_\_

Visual fields:

Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Both eyes \_\_\_\_\_

5. If the person has a cognitive disability:

Is the person able to:

Give addresses and telephone numbers on request?

No \_\_\_ Yes

Recognize a destination or landmark?

No \_\_\_ Yes

Deal with unexpected situations or unexpected change in routine?

No \_\_\_ Yes

Ask for, understand and follow directions?

No \_\_\_ Yes

Safely and effectively travel through crowded and/or complex facilities?

6. **Please describe below in detail what the disability of your patient is and what prevents them from using the Santa Fe Trails fixed route service.** Please indicate if the applicant has a physical or a mental disability, and is there any other effect of the disability of which the City of Santa Fe should be aware?

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Your

Name: \_\_\_\_\_

Office

Address: \_\_\_\_\_

Office

Number: \_\_\_\_\_

Phone

Physician/Healthcare professional Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

**RETURN FORM TO:**

**TRANSIT SERVICES DIVISION**

**P.O. BOX 909**

**SANTA FE, NM 87505**